

**NON-FOREIGN SERVICE PERSONNEL AND THEIR FAMILY MEMBERS**

The information collected in this form is requested pursuant to the Foreign Service Act of 1980, as amended (22 USC 3084 and 3901). The primary purpose for soliciting this information is to make appropriate medical clearance decisions for employees who are not members of any Foreign Affairs agency and their family members. Unless otherwise protected by medical privacy regulations, the information solicited on this form may be made available to appropriate agencies, whether federal, state, local or foreign, for enforcement and administration purposes. It may also be disclosed pursuant to court order. More information on the routine uses for this collection can be found in the System of Records Notice, State-24, Medical Records. Disclosure of this information, including the Social Security Number, is voluntary. However, failure to provide this information may result in denial of a medical clearance.

*Public reporting burden for this collection of information is estimated to average 2 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing information, and/or documents required, and review the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: M/MED/EX, Room L217 SA-1, U.S. Department of State, Washington, DC 20522.

To Be Filled by Examinee (Complete all sections, type or in ink). Please Print Clearly.

Name of Examinee (Last, First, Middle Initial)

Date (mm-dd-yyyy)

Agency

Sex ☐ Male ☐ Female

Date of Birth(mm-dd-yyyy)

Place of Birth

Post of Assignment (Required)

Please Check if Going To:

☐

Baghdad

☐

Iraq (Outside Baghdad)

☐

Kabul

☐

Afghanistan (Outside Kabul)

Email Address

Mailing Address

Telephone Number

Name of Employee (Last, First, Middle Initial)

Social Security Number _____

Status of Employee

☐ Locally Engaged Staff☐ 3161☐ Civil Service☐ WAE☐ Personal Services Contractor☐ DoD Civilian/Contractor☐ Other _____Status of Examinee ☐ Employee ☐ Spouse ☐ Domestic Partner ☐ Dependent Child

To the Doctor: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law we are asking that you NOT provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.